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May 06, 2003 8:00 am
Secretary of State

05-06-2003 90051 029 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 98000096990

1. Entity Name: CARRILLO & CARRILLO, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3663 S.W. 8 ST.	P.O. BOX 144335
Suite, Apt. #, etc. 214	Suite, Apt. #, etc.
City & State: Miami FL	City & State: CORAL GABLES, FL
Zip: 33135 Country: Miami Dade	Zip: 33114 Country: Miami Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650895885 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jose I. Carrillo, Esq.

Street Address (P.O. Box Number is Not Acceptable): 3663 S.W. 8 ST. Suite 214

City: Miami FL Zip Code: 33135

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 5/1/2003

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	~~PRESIDENT~~ Director
NAME	FRANK CARRILLO
STREET ADDRESS	251 Crandon Blvd. Apt 925
CITY-ST-ZIP	Key Biscayne FL 33149
TITLE	Director
NAME	JOSE I. CARRILLO
STREET ADDRESS	6860 S.W. 128 ST.
CITY-ST-ZIP	Miami, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 5/1/03 — Daytime Phone #: (305) 444-3000

TOTAL P.02